
**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE:

Shabnam Qasim MD PA

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**CASE NO. 18-43088-MXM-11
Chapter 11**

DEBTOR

**FEE APPLICATION
COVER SHEET**

**Fee Application of GREER A. SMITH MSN, RN, CMSRN, CCM for
Patient Care Ombudsman for Healthcare for the Debtor in this Chapter 11
proceeding.**

Debtor:

Retainer: \$ 0.00

Amount previously Paid: \$2,362.50

Amount Requested: \$2028.53

Reduction Fees: \$ 0.00

Fees: \$1,843.75

Expenses \$ 184.78

Expense \$ 184.78

Total \$ 184.78

Total \$ 2,028.53

Expenses:

Copies: 42@ \$.20

per page

Faxes: 0 @ \$.20

per page

PACER: 8@ \$.20

per page @ \$5.50

Postage: \$0.00 @

cost

Mileage: 340.5@

.56 per mile

Hourly rates: Patient Care Ombudsman for Healthcare

Highest Rate \$125.00 per Hour

Hours Billed 0.00

I, Greer A. Smith, certify that I have read the Application submitted in this case, to the best of my knowledge, information and belief, formed after reasonable inquiry, the compensation and expense reimbursement sought is in conformity with these guidelines, and that the compensation and expense reimbursement requested are billed at rates, in accordance with practices, no less favorable than those customarily employed by the applicant and generally accepted by the applicant's clients.

Respectfully submitted,

/s/ Greer A. Smith

Greer A. Smith, MSN, RN, CMSRN, CCM

Greer A. Smith
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PATIENT CARE OMBUDSMAN FOR DEBTOR